

APPLICATION FORM FOR INSTITUTIONAL MEMBERSHIP

The American Center

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INSTITUTION			
ADDRESS			
		PIN.	
PHONE EM	[AIL		
NATURE OF ACTIVITIES			
SUBJECT INTEREST/S			
HEAD OF THE ORGANIZATION			
NAME OF CONTACT PERSON		DESIGNATION	
MOBILE	EMAIL		
We hereby apply for membership in the American	Center and agree	to comply with the rules.	
SIGNATURE	DATE		
NAME & DESIGNATION			
OFFICIAL SEAL		For American	Center use only
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